

# Minutes of the Pharmaceutical Services Negotiating Committee meeting

held on 7th and 8th July 2021

via Zoom

**Present:** Reena Barai, David Broome, Mark Burdon, Peter Cattee, Ian Cubbin, Marc Donovan, Samantha Fisher, Jas Heer, Tricia Kennerley, Clare Kerr, Ifti Khan, Sue Killen (Chair), Sunil Kochhar, Margaret MacRury, Rhys Martin, Fin McCaul, Has Modi, Lucy Morton-Channon, Roger Nichols, Bharat Patel, Indrajit Patel, Prakash Patel, Umesh Patel, Adrian Price, Sian Retallick, Anil Sharma, Stephen Thomas, Faisal Tuddy, Gary Warner

**In Attendance:** Simon Dukes, Shiné Brownsell, Alastair Buxton, Rosie Taylor, Jack Cresswell, Mike Dent, Gordon Hockey, Zoe Long, David Onuoha, Layla Rahman, Suraj Shah, Gabriele Skieriute, Rob Thomas, James Wood

## Item 1 – Welcome from the Chair

- 1.1 The Chair welcomed everyone to the meeting.
- 1.2 It was noted that PSNC was at a crucial stage in the negotiations and that the meeting was the Committee's chance to provide input and engage with issues. The Chair also reminded the Committee about confidentiality.
- 1.3 Ifti Khan was welcomed to his first formal meeting as a member of PSNC.

## Item 2 – Apologies for absence

- 2.1 Apologies for absence were received from Mark Griffiths and Jay Patel.

## Item 3 – Conflicts or declaration of interest

- 3.1 No new conflicts or declarations of interest were made.

## Item 4 – Minutes of the 20th May 2021 meeting

- 4.1 Fin McCaul suggested some additional points be added to the minutes in relation to the questions that were asked during Jo Churchill's session at the May PSNC meeting. Following the approval of this addition, the minutes were approved.

## Item 5 – Matters Arising

- 5.1 The Chair reported that following the May PSNC meeting, the CEO wrote to Jo Churchill MP to say that we welcomed her positive view on the role community pharmacy can play, and as we work to improve our relationship with GPs and Primary Care Networks, we would be grateful for any encouragement she can give to help the two sectors work together. The Minister is committed to helping us and the office will keep pursuing this.
- 5.2 The Chair referred to the feedback raised in the annual review meetings with the Committee, and that there was a need to maintain a united culture. A couple of Committee members volunteered to be part of a small working group on this matter, however the Chair would welcome more to be part of the group. There are still a few annual review meetings to take place and the Chair looked forward to carrying those out.

## Item 6 – Pharmacy Quality Scheme (PQS)

- 6.1 Following a presentation from Alastair Buxton on the Pharmacy Quality Scheme, the Committee met in groups to discuss the proposals. Points raised included:

- The ever-present tension between the demand for more content in the scheme from NHSE&I and PSNC's need to minimise activity for contractors, particularly as we start to move out of the pandemic period, was noted. The fact many criteria contained repetitions of requirements previously undertaken by many contractors, which was work that would not need to be repeated, was also acknowledged;
- Maximising contractors' notice of the requirements was always important;
- Some elements of the scheme are akin to services and it would be better for such requirements to be commissioned as services in the future; and
- In the communications issued at launch, it would be important to emphasise to contractors that the scheme is greatly reduced from the original NHS proposals.

#### Item 7 – Smoking Cessation Advanced Service (SCAS)

7.1 The Committee considered the proposals in groups and points raised included:

- General feedback on the service was broadly positive, whilst recognising the relatively low number of referrals that would be expected from hospitals;
- The previously noted points about the challenge of referral-based services for contractors, due to the unpredictable flow and volume of work, were reiterated;
- The policy significance of community pharmacy involvement in the wider programme was noted; and
- Contractors already providing locally commissioned services would be best placed to engage with the Advanced service, due to lower setup and training costs. For those not providing such a service, it probably would not make business sense to provide.

#### Item 8 – Palliative and End of Life Care Service (PEoLC)

8.1 Alastair Buxton updated the Committee on the progress of this proposal to date.

#### Item 9 – Funding for PCN Leads

9.1 Alastair Buxton reported that following the submission of a paper setting out the need for additional funding for PCN Leads, NHSE&I had responded to say there was no external funding which could be used. The Committee's policy is that beyond PQS funding, the global sum should not be used to fund the work of PCN leads. PSNC will consider what support can be provided to LPCs to seek local funding.

#### Item 10 – New Medicine Service (NMS)

10.1 Alastair Buxton talked through the proposals for expansion of the NMS and the temporary inclusion of a retrospective NMS.

#### Item 11 – Hypertension case-finding service

11.1 The Committee considered the proposal for the new service and points raised included:

- Committee members recognised this was a service which many contractors already provided elements of, but generally without it being commissioned, so the principle of such an Advanced service being added to the CPCF was warmly welcomed;
- The strategic importance of community pharmacy being at the heart of tackling a priority identified in the NHS Long Term Plan was recognised;
- The challenge of connecting ABPM to IT systems was recognised and the time that would be required to address this (and the cost of that);
- Staff capacity to provide the service may be a challenge for some contractors;
- Good team-working would be required with general practices;
- The initial capital outlay for ABPM being paid from the global sum, the cost of lost equipment and the ongoing cost of calibration, maintenance and replacement over time were all significant concerns; and

- The cost of clinical IT systems required to maintain records, communicate with GPs and make claims to the NHSBSA would need to be considered in funding for the service.

## Item 12 – Regulations

12.1 Gordon Hockey talked the Committee through the following proposals:

### Oversupply of Essential services

PSNC had proposed that NHSE&I should be able to refuse any new pharmacy application if granting it would result in an undesirable increase in the availability of Essential services. This was agreed by the Committee in principle.

### DSP local provision

PSNC had proposed national provision of Essential services for DSP (rather than only national availability).

### Novel delivery options

PSNC had proposed control/clarification of novel collection or delivery arrangement models for the supply of NHS dispensed medicines (not where there is reasonable access to an NHS pharmacy) and regulation of the use of locker boxes.

### Prescription Direction

PSNC had proposed a complaints process for contractors, arguing for a written procedure.

### Pandemic provision

DHSC proposed regulations for pharmacies to participate in a pandemic response on assessing IPC risk, procedures for patients and staff suspected or known to be infected, approved particulars to supplement premises standards and updating SOPs and business continuity plans. This was agreed by the Committee.

### Pharmacy Access Scheme

Gordon Hockey talked through the revised eligibility of the scheme and payment. This was agreed by the Committee.

### Core Data Set

Gordon Hockey confirmed that we received:

- An outline of the proposed API development; and
- Revised NHS regs and revised data services directions (for NHS).

12.2 Gordon Hockey also took the Committee through the regs discussions related to the five-year deal.

## Item 13 – Funding

13.1 Mike Dent provided an overview on key funding points and the Transitional Payment.

13.2 The Committee were also asked to look at which Transitional Payment distribution option felt right for Year 3 and there were a range of opinions on options 1 and 2a.

13.3 The Committee also looked at the approach to a fixed service payment used for 'Option 4' and generally the Committee were in favour of Option 4.

13.4 Mike Dent provided an overview on Clinical Service Fee Setting.

13.5 Mike Dent discussed proposed fee rates and barriers.

#### Item 14 – Annual Review

- 14.1 It was noted that the Annual Review is a crucial part of the CPCF five-year deal. It shows value for taxpayers but also looks at issues of capacity and cost for contractors. It was noted that the NT have now had discussions on the Annual Review and the proposed principles covered in the presentation. PSNC wants transparency and an accessible output that everyone can understand. In terms of PSNC's objectives, it is important to make sure they cover all aspects of the five-year deal. The impact of the pandemic and costs and the challenges of unfunded workload should also be included and highlighted in PSNC's audit. Finally, the forward delivery of the remainder of the five-year deal and funding aspect should be included.

#### Item 15 – Risk Register

- 15.1 Gordon Hockey took the Committee through the changes to date. The risk register is considered monthly by the Leadership Team and is also a standing item at RAP meetings.
- 15.2 Gordon Hockey will send a full copy of the risk register to the Committee.

#### Item 16 – Reports from CPA, RAP and RDF

- 16.1 Adrian Price reported on the meeting of the Review and Audit Panel which took place on 25th June 2021.

The Risk Register was the main item for discussion. There were also two new standing items on the agenda: confidentiality and complaints/whistleblowing.

Adrian thanked Janice Perkins for her support over the years and informed the Committee that there will be an election in the coming weeks to appoint a replacement.

- 16.2 Tricia Kennerley reported on the Communications and Public Affairs subcommittee meeting which took place on the 5th July 2021.

It was noted that the Communications team are stretched, particularly as they are supporting the RSG and promoting the work the RSG is doing, to ensure they are getting LPCs engaged in the process. The other piece of work is how to communicate the outcome of the negotiations as that will be important.

Tricia confirmed that the work on the website upgrade is progressing well. Melinda Mabbutt is working closely with the agency and has been looking at mock-up pages. It's vital that there is sufficient support for LPCs to develop their own websites and the office will ensure that they bring in key users of the website.

The subcommittee talked about external engagement as there is an opportunity to talk about NMS and other topical things like health inequality and recovery from the pandemic, and the office is thinking of reaching out to charities to get support on what community pharmacy can do on that agenda. The subcommittee also talked about whether we can work with the NHSBSA on COVID costs claims.

- 16.3 Mark Burdon reported on the Resource Development and Finance subcommittee meeting which took place on 18th June 2021.

Mark referred to the paper about resources for the RSG and the Committee was asked to approve additional spend, to ensure they continue to make progress, as there is still a huge amount of work to do. It was noted that the executive team are under pressure and that we won't be able to take forward the RSG work without funding. Following a discussion, the Committee approved the additional funding.

#### Item 17 – Any other business

- 17.1 The Chair thanked the office for all their hard work and the NT as it was clear they had difficult discussions with DHSC and NHSE&I.